



New Jersey Office of Attorney General

Division of Consumer Affairs

State Board of Examiners of Master Plumbers

124 Halsey Street, 6th Floor, P.O. Box 45008

Newark, New Jersey 07101

(973) 504-6420

Application for Master Plumber's Examination

Instruction Sheet

(Pursuant to N.J.S.A. 45:14C-15)

GENERAL INSTRUCTIONS: Applications must be completely and neatly type-written or printed and signed. Include two (2) signed, full-face photographs (2" x 2"). All sections of the application must be fully completed before the application can be processed. If any section of the application is not of sufficient size to furnish the required information, a supplemental sheet of paper of the same size may be enclosed with the application.

QUALIFICATIONS: The applicant must submit proof of completion of a four-year apprenticeship program approved by the United States Department of Labor and a federally certified state agency, and that he/she has completed one year of practical hands-on experience as a journeyman plumber. The applicant must submit a copy of his/her certificate of completion as proof of completion of an apprenticeship program. **OR. . . .**

The applicant may qualify with a Bachelor's Degree in mechanical, plumbing or sanitary engineering awarded by a college or university accredited by a regional accreditation agency recognized by the Council on Post-Secondary Accreditation or the United States Department of Education and, in addition, has completed one year of practical hands-on experience as a journeyman plumber.

DOCUMENTING YOUR WORK EXPERIENCE: A Work Experience Certification form is enclosed and may be reproduced, if needed. The applicant must have the form(s) completed by his/her employer(s) to verify employment in the plumbing business. An applicant who completed an apprenticeship must submit Work Experience Certifications for the past five (5) years. An applicant who completed a Bachelor's Degree in mechanical, plumbing or sanitary engineering must submit Work Experience Certifications for one (1) year. It is important that the Work Experience Certification form(s) be signed by the Licensed Master Plumber for whom you worked and the form also must have the imprint of his/her seal press. **AND. . . .**

An applicant who completed an apprenticeship must attach the last five (5) years of W-2/1099 forms as further documentation of his/her experience working under the supervision of a Licensed Master Plumber. An applicant who completed a Bachelor's Degree in mechanical, plumbing or sanitary engineering must attach a W-2/1099 form as further documentation of his/her experience working under the supervision of a Licensed Master Plumber.

CRIMINAL HISTORY BACKGROUND: Be sure to answer the question (question number 4 on the application) regarding any convictions you may or may not have had in the past; detail the conviction(s) and provide all supporting documentation you may have regarding same such as, judgment(s) of conviction, and/or any court documents regarding the details of the conviction and the disposition of same. If you provide adequate information regarding any criminal offense along with your application, the processing of your application may not be delayed.

Applicants must also complete the Child Support Questions regarding any child support obligation the applicant may have; these questions are part of the application. Please note that any applicant who has an arrearage of child support payments will be permitted to take the examination if his or her application is approved; **however**, a license will not be issued to any candidate who owes back child-support payments in excess of six (6) months. The information provided will be thoroughly checked.

APPLICATION FEE: An application fee of \$100.00 must accompany this application. This fee should be paid in the form of a check or money order made payable to the State of New Jersey. The application fee you submit with your application is nonrefundable. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the examination process will be delayed until the fee is paid.)

AFFIDAVIT: The affidavit section of the application must be signed and notarized.

APPLICATION APPROVAL: If your application to take the Master Plumbers Examination administered by EXPERIOR ASSESSMENTS, LLC. is approved by the Board, you will be notified in writing by the Board and the appropriate registration form(s) to take the examination will be forwarded to you.

If you have any questions, please call the Board office at 973-504-6420

Attach two clear, full-face passport-style photographs (2"x 2") of your head and shoulders, taken within the past six months.

Two photographs are required with each application.

Do not use staples to attach the photographs.



New Jersey Office of Attorney General
Division of Consumer Affairs
State Board of Examiners of Master Plumbers
124 Halsey Street, 6th Floor, P.O. Box 45008
Newark, New Jersey 07101
(973) 504-6420

Photo #2

Application to Take the Examination to Become a Licensed Master Plumber

Application date: _____
Month Day Year

A nonrefundable application filing fee of \$100, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the examination process will be delayed until the fee is paid.)

The Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
- ☐ Alien lawfully admitted for permanent residence in U.S.
- ☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual payment of the loan. You will not be able to obtain a license unless you provide the required documents concerning the plan for payment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
 - (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

“Ability to practice as a master plumber” is to be construed to include all of the following:

- The cognitive capacity to exercise the reasonable judgments of a master plumber and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a master plumber, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☐ Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) ☐ Yes ☐ No

If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

****** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

8. Have you ever changed your name? ☐ Yes ☐ No

If “Yes,” please submit with this application a copy of the marriage certificate, divorce decree or court order.

9. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

10. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If “Yes,” provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

11. Do you currently hold, or have you ever held, a professional or occupational license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If “Yes,” for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. _____

	Last name	First name	Middle initial
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

12. Have you ever been disciplined or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Have you ever had a professional or occupational license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Has any action (including the assessment of fines or other penalties) ever been taken against your professional or occupational practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?

☐ Yes ☐ No

15. Have you ever been named as a defendant in any litigation related to the practice of plumbing or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

16. Are you aware of any investigation pending against a professional or occupational license or certificate issued to you by a professional or occupational board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?

☐ Yes ☐ No

17. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

18. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional or occupational group related to the practice of plumbing or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 12 through 18, is “Yes,” provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

1. What is the name and address of the high school you attended?

Name of high school

Street address

City

State

ZIP code

2. What years did you attend high school?

3. Did you graduate from high school?

☐ Yes

☐ No

If “Yes,” what was the date of your graduation?

Month

Year

If “No,” did you study to receive a G.E.D. certificate?

☐ Yes

☐ No

If “Yes,” please provide the name and address of the educational institution that issued your G.E.D. certificate and the date the certificate was issued.

Name of educational institution

Street address

City

State

ZIP code

Date certificate was issued

4. What is the name and address of the colleges, universities or vocational schools you have attended? (Use additional sheets of paper if necessary.)

Name of college, university or vocational school

Street address

City

State

ZIP code

Name of college, university or vocational school

Street address

City

State

ZIP code

5. List all of the degrees, diplomas or certificates that you have received from recognized colleges, universities or vocational schools. Please have each school forward to the Board the official transcript for each degree, diploma or certificate that you have earned.

Educational institution	Inclusive years	Degree, Diploma or Certificate	Major	Date granted

Statement of Employment (Work experience must have been attained under the supervision of a Licensed Master Plumber.)

Applicants for examination must present proof that he or she:

Has completed a four-year apprenticeship program approved by both the United States Department of Labor and a federally certified state agency, and has completed one year of practical hands-on experience as a journeyman plumber; **or**

Has been awarded a bachelor's degree in mechanical, plumbing or sanitary engineering from a college or university accredited by a regional accreditation agency recognized by the Council on Post-Secondary Accreditation or the United States Department of Education, and has completed one year of practical hands-on experience as a journeyman plumber.

1. Please list the experience you have acquired. Provide the information about your current (or most recent) employment first.

(1) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary): _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name, title and license number: _____

(2) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary): _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name, title and license number: _____

(3) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary): _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name, title and license number: _____

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____ } ss.

I, _____, in making this application to the State Board of Examiners of Master Plumbers for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Examiners of Master Plumbers, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:14C-1 et seq., together with the Rules and Regulations of the State Board of Examiners of Master Plumbers, N.J.A.C. 13:32-1.1 et seq., and fully understand that in receiving licensure from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here

(For office use only)

Location of examination: _____ Date: _____

Was the applicant required to take the examination? ☐ Yes ☐ No

Was the applicant approved? ☐ Yes ☐ No

If the applicant was not approved, please state the reason: _____

Number of license issued: _____ Date the license was approved by the Board: _____

Test score: _____

Date _____
Month/Day/Year



New Jersey Office of Attorney General

Division of Consumer Affairs

State Board of Examiners of Master Plumbers

124 Halsey Street, 6th Floor, P.O. Box 45008

Newark, New Jersey 07101

(973) 504-6420

Work Experience Certification

(Please print in ink or type.)

Employer information

Last name	First	Middle
Name of company		
Street address	City	State
ZIP code		
Telephone number (include area code)		

This Work Experience Certification form properly completed on both sides by you, the employer, will assist the State Board of Examiners of Master Plumbers to determine the qualifications of the applicant for a master plumber's license. Your answers will be considered confidential information by the Board.

The Board expects every person signing this Work Experience Certification to understand that he or she is attesting to the applicant's good character, working skills and employment experience. Statements by responsible people with actual knowledge of the applicant's qualifications will be considered by the Board as evidence of the above.

This form should be returned to the State Board of Examiners of Master Plumbers, at the above address, within 15 days, or the Board will request that you appear personally.

Statement of Reference

(This form should not be filled out in the presence of the applicant.)

Applicant information

Last name	First	Middle
Street address	City	State
ZIP code		
Telephone number (include area code)		

1. How long have you known the applicant? _____

2. What is your relationship to the applicant? _____

3. How long was the applicant employed by you? Give the exact dates.

From _____ to _____
Month/Day/Year Month/Day/Year

From _____ to _____
Month/Day/Year Month/Day/Year

4. Please indicate (by putting a check in the appropriate box) applicant's plumbing background while employed with you.

☐ Helper : From _____ to _____
Month/Day/Year Month/Day/Year

☐ Journeyman: From _____ to _____
Month/Day/Year Month/Day/Year

5. What were the applicant's duties while employed by you? _____

6. What is your business or profession? _____

7. Are you a New Jersey Licensed Master Plumber? ☐ Yes ☐ No

If "Yes," what is your New Jersey master plumber's license number?

Are you licensed in any other state or jurisdiction? ☐ Yes ☐ No

If "Yes," please provide the state or jurisdiction and license number: _____
State or jurisdiction License number

8. Are you a personnel director or representative of a firm? ☐ Yes ☐ No

If "Yes," please provide the following information:

_____	_____	_____	_____
Last name	First	Middle	
_____	_____	_____	_____
Street address	City	State	ZIP code
_____	_____	_____	_____
Telephone number (include area code)	Title		

9. If you are not a Licensed Master Plumber, give the name, address, telephone number and license number of the Licensed Master Plumber who supervised the applicant.

_____	_____	_____	_____
Last name	First	Middle	
_____	_____	_____	_____
Street address	City	State	ZIP code
_____	_____	_____	_____
Telephone number (include area code)	Title		

I certify that the above information is correct to the best of my knowledge. I understand that if I certify false statements, I am subject to punishment.

Signature

Date

*N.J. seal
press,
if applicable.*

If you have any additional information, please provide it.

Date _____
Month/Day/Year



New Jersey Office of Attorney General

Division of Consumer Affairs

State Board of Examiners of Master Plumbers

124 Halsey Street, 6th Floor, P.O. Box 45008

Newark, New Jersey 07101

(973) 504-6420

Work Experience Certification

(Please print in ink or type.)

Employer information

Last name	First	Middle
Name of company		
Street address	City	State
		ZIP code
Telephone number (include area code)		

This Work Experience Certification form properly completed on both sides by you, the employer, will assist the State Board of Examiners of Master Plumbers to determine the qualifications of the applicant for a master plumber's license. Your answers will be considered confidential information by the Board.

The Board expects every person signing this Work Experience Certification to understand that he or she is attesting to the applicant's good character, working skills and employment experience. Statements by responsible people with actual knowledge of the applicant's qualifications will be considered by the Board as evidence of the above.

This form should be returned to the State Board of Examiners of Master Plumbers, at the above address, within 15 days, or the Board will request that you appear personally.

Statement of Reference

(This form should not be filled out in the presence of the applicant.)

Applicant information

Last name	First	Middle
Street address	City	State
		ZIP code
Telephone number (include area code)		

1. How long have you known the applicant? _____
2. What is your relationship to the applicant? _____
3. How long was the applicant employed by you? Give the exact dates.

From _____ to _____
Month/Day/Year Month/Day/Year

From _____ to _____
Month/Day/Year Month/Day/Year

4. Please indicate (by putting a check in the appropriate box) applicant's plumbing background while employed with you.

☐ Helper : From _____ to _____
Month/Day/Year Month/Day/Year

☐ Journeyman: From _____ to _____
Month/Day/Year Month/Day/Year

5. What were the applicant's duties while employed by you? _____

6. What is your business or profession? _____

7. Are you a New Jersey Licensed Master Plumber? ☐ Yes ☐ No

If "Yes," what is your New Jersey master plumber's license number?

Are you licensed in any other state or jurisdiction? ☐ Yes ☐ No

If "Yes," please provide the state or jurisdiction and license number: _____
State or jurisdiction License number

8. Are you a personnel director or representative of a firm? ☐ Yes ☐ No

If "Yes," please provide the following information:

_____	_____	_____
Last name	First	Middle

Street address	City	State ZIP code

Telephone number (include area code)	Title	

9. If you are not a Licensed Master Plumber, give the name, address, telephone number and license number of the Licensed Master Plumber who supervised the applicant.

_____	_____	_____
Last name	First	Middle

Street address	City	State ZIP code

Telephone number (include area code)	Title	

I certify that the above information is correct to the best of my knowledge. I understand that if I certify false statements, I am subject to punishment.

Signature

Date

*N.J. seal
press,
if applicable.*

If you have any additional information, please provide it.